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INTELLECTUAL PROPERTY LAW
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**RECEIVED
CENTRAL FAX CENTER****APR 26 2005****FACSIMILE COVER SHEET**

Deliver to: David Robert Vincent, USPTO Art Group: 2661
 Facsimile No.: 703.872-9306 Date: April 26, 2005
 From: James Henry, Reg. No. 41,064
 Our Docket No.: 81862P239 Number of pages 26 including this sheet.
 Application No.: 09/751,792 Filing Date: 12/29/2000
 Docket Due Date(s): 4/26/2005

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>22</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: <u> </u>	<input type="checkbox"/> Petition for: <u> </u>
(<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input type="checkbox"/> Extension of Time: <u> </u>	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input checked="" type="checkbox"/> Transmittal Letter
<input type="checkbox"/> Other <u> </u>	

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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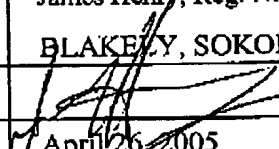
Pat Sullivan 4/26/2005
 Pat Sullivan Date

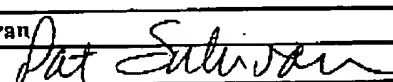
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/751,792
		Filing Date	December 29, 2000
		First Named Inventor	Kent Wendorf
		Art Unit	2661
		Examiner Name	David Robert Vincent
Total Number of Pages in This Submission	26	Attorney Docket Number	81862P239

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Transmittal Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELEY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 26, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Pat Sullivan	Date	April 26, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakeley, Sokoloff, Taylor & Zafman (vtr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

Application Number 09/751,792
Filing Date December 29, 2000
First Named Inventor Kent Wendorf
Examiner Name David Robert Vincent
Art Unit 2661
Attorney Docket No. 81862P239

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☐ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	48 - 72* = 0	50.00	\$0.00
Independent Claims	4 - 8* = 0	200.00	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	160	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				
SUBTOTAL (2)				(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) James Henry

Registration No. 41,064
(Attorney/Agent)

Complete (if applicable)

Telephone (714) 557-3800

Signature

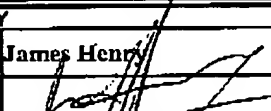
Date 04/26/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 12/15/2004).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/751,792	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 29, 2000	
		First Named Inventor	Kent Wendorf	
		Examiner Name	David Robert Vincent	
		Art Unit	2661	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	81862P239

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(714) 557-3800
		Date	04/26/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/12/15/2004).
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 09/751,792

Amdt. dated 04/16/2005

Reply to Office action of 01/26/2005

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CENTRAL FAX CENTER****APR 26 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/751,792
Applicant : Kent Wendorf
Filed : 12/29/2000
TC/A.U. : 2661
Examiner : VINCENT, DAVID ROBERT

Confirmation No. 5312

Docket No. : 81862.P239
Customer No. : 8791

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of 01/26/2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.